## **Maine Parent Federation**

Date: \_\_\_\_\_

P.O. Box 2067 Augusta, Me 04338

1-800-870-7746 www.mpf.org							
Dear							
You contacted Maine Parent Federation on We rely on feedback as you to help improve our services. Please take a few moments to complete the applicable following survey and let us know how we are doing. The survey takes no more than 5 min responses are confidential.	e areas of	f the					
Technical Support:	YES	NO	N/A				
The person who responded to my request was knowledgeable and supportive.							
The services I received were of high quality.							
The services I received were useful to me.							
The services I received were of high relevance (great importance) to me.							
Materials:	YES	NO	N/A				
The materials I received are of high quality.							
The materials I received are useful to me.							
The materials I received are of high relevance (great importance) to me.							
We sent you the following materials:							
☐ Information Packets       ☐ Brochures       ☐ Special Education Guide: 1 2 3 4 5         ☐ Workshop Info       ☐ Fact Sheets       ☐ Special Education Regulations (Chapter 101)         ☐ Library List       ☐ Other:							
Referral: We referred you to	YES	NO	N/A				
Have you contacted the referral(s)?							
Was the referral(s) able to assist you?							
Contact:	YES	NO	N/A				
Would you contact Maine Parent Federation if you needed information in the future?							
How many agencies did you contact before calling Maine Parent Federation? (circle one)	0 - 2	3 - 5	6 - 8				
PARENTS, FOSTER PARENTS & FAMILY MEMBERS							
Because of the information I received from Maine Parent Federation, I am:	YES	NO	N/A				
more knowledgeable about how to work with my child's school.							
able to work with my child's school to address educational concerns or needs.							
able to discuss concerns with the school.							
able to get or change the services my child receives.							
able to partner with the school in decisions about my child's educational needs.							
PROVIDERS, EDUCATORS & PROFESSIONALS							
Because of the information I received from Maine Parent Federation, I am:	YES	NO	N/A				
more knowledgeable about how to work with families.	T						
more knowledgeable about how to involve families.							
able to build a working relationship with families.							

able to involve families in meaningful ways.

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I would like to receive action alerts to my email address below										
☐ Please send me information about the Family Support Navigator program										
☐ Please send me information about MPF workshops										
Please accept my donation to MPF in the amount of: \$ Please send me a receipt  Please make checks payable to: Maine Parent Federation										
☐ I would like information on:										
To receive the newsletter or to be added to action alerts please complete the following:										
Name:	Phone:									
Address:										
Email:										
Please print clearly										
I am a: Parent Family Member Professional Other										
Info about my child: Age: Grade: Gender: F M Disability:										
Optional (Not Required)										
Race:			Ethnic	ity:		Language:				
□White			□Hispa	anic		□English				
□Black / African American			□ <i>Latin</i>	o or Other Sp	oanish Origin	□Spanish				
☐ American Indian / Alaskan Native ☐ Not Hispan			Hispanic	nic Somali						
$\square$ Asian	]Asian					□Decline				
□ Decline			□Decli	ne		□ <i>Other</i>				
Other		_	Other	:						
Please call Maine Parent Federation at <b>1-800-870-7746</b> if we can be of further assistance or if you would like assistance filling out this survey. We welcome any suggestions to enable us to better serve families.										
Please Return Completed Survey By Mail To:  Maine Parent Federation Attention: Follow-Up Survey PO Box 2067 Augusta, ME 04338-2067										
Office Use Only					☐ I&R ☐ REGIONAL					
A	В	С	D	Е	Initials	www.mpf.org				
						MPF F/U Survey REV. 11/16				